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     (FILE 'HOME' ENTERED AT 14:24:55 ON 05 SEP 2007)

     FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 14:25:15 ON 05
     SEP 2007
L1            14 S BNP AND (BRAIN INJURY)
L2             9 DUPLICATE REMOVE L1 (5 DUPLICATES REMOVED)
L3             2 S L2 AND PD<2001
L4             3 S (BRIAN NATRIURETIC PEPTIDE)
L5         16484 S (BRAIN NATRIURETIC PEPTIDE)
L6          3773 S L5 AND MARKER?
L7          2335 DUPLICATE REMOVE L6 (1438 DUPLICATES REMOVED)
L8           342 S L7 AND REVIEW
L9            16 S L8 AND PD<2001

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L7          2335 DUPLICATE REMOVE L6 (1438 DUPLICATES REMOVED)
L8           342 S L7 AND REVIEW
L9            16 S L8 AND PD<2001

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ANSWER 1 OF 2 CAPLUS COPYRIGHT 2007 ACS on STN
AN 1996:763058 CAPLUS
DN 126:45887
ED Entered STN: 01 Jan 1997
TI Clinical significance of the changes of blood natriuretic factor and antidiuretic hormone (ADH) levels in acute craniocerebral injury (ACI)
AU Zhang, Wenchuan; Zheng, Linpin; Sun, Xiaochuan; Xu, Youqi
CS Dep. Neurosurgery, First Affiliated Hosp. Chongqing Med. Univ., Chungking, 630042, Peop. Rep. China
SO Zhonghua Chuangshang Zazhi (1996), 12(2), 96-98
CODEN: ZCZAFD; ISSN: 1001-8050
PB Zhonghua Chuangshang Zazhi Bianjibu
DT Journal
LA Chinese
CC 14-10 (Mammalian Pathological Biochemistry)
Section cross-reference(s): 2
AB The changes of atrial natriuretic peptide (ANP), brain natriuretic peptide (BNP), endogenous digitalis-like substance (EDLS), antidiuretic hormone (ADH) and serum Na+, urine Na+, plasma-osmolality, urine-osmolality were observed in 68 patients with acute craniocerebral injury (ACI) to study the water-salt metabolic disturbances. The TSH releasing hormone (TRH) provocative test was observed in Glasgow Coma scale (GCS) ≤8 patients. In the ACI patients, the blood ANP and BNP concns. were significantly lower, and the changes of ANP and BNP had no correlation with the GCS. The concns. EDLS and ADH were increased and was correlated between the EDLS, ADH levels and GCS. The results suggest that hyponatremia is frequent in severe and/or fatally injured patients which is related to abnormal secretion of EDLS and ADH as the result of hypothalamic-hypophysial system injury.
ST natriuretic hormone ADH brain injury; endogenous digitalislike substance ADH head trauma
IT Brain, disease
Brain, disease
(cerebral cortex, injury; atriopeptin, ADH, brain natriuretic peptide, endogenous digitalis-like substance and serum and urine Na+ in acute craniocerebral injury in human)
IT 24305-27-9, TSH releasing hormone
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(atriopeptin, ADH, brain natriuretic peptide, endogenous digitalis-like substance and serum and urine Na+ in acute craniocerebral injury in human)
IT 7440-23-5, Sodium, biological studies 85637-73-6, Atrial natriuretic peptide 114471-18-0, Brain natriuretic peptide
RL: BOC (Biological occurrence); BSU (Biological study, unclassified); BIOL (Biological study); OCCU (Occurrence)
(atriopeptin, ADH, brain natriuretic peptide, endogenous digitalis-like substance and serum and urine Na+ in acute craniocerebral injury in human)
IT 11000-17-2, Antidiuretic hormone 88814-02-2, Endogenous digitalis-like substance
RL: BOC (Biological occurrence); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); OCCU (Occurrence); USES (Uses)
(atriopeptin, ADH, brain natriuretic peptide, endogenous digitalis-like substance and serum and urine Na+ in acute craniocerebral injury in human)

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L9 ANSWER 15 OF 16 MEDLINE on STN
AN 2001157420 MEDLINE
DN PubMed ID: 11232507
TI The natriuretic peptides: physiology and role in left-ventricular dysfunction.
AU Kim S D; Piano M R
CS School of Kinesiology, University of Illinois at Chicago, 901 W. Roosevelt Rd., Chicago, IL 60608, USA.. sdixon2@uic.edu
NC F31-NRO7261 (NINR)
R29 NIAAA 11112 (NIAAA)
SO Biological research for nursing, (2000 Jul) Vol. 2, No. 1, pp. 15-29. Ref: 111
Journal code: 9815758. ISSN: 1099-8004.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
General Review; (REVIEW)
LA English
FS Priority Journals; Nursing Journals
EM 200103
ED Entered STN: 4 Apr 2001
Last Updated on STN: 4 Apr 2001
Entered Medline: 22 Mar 2001
AB The natriuretic peptides (NPs), atrial natriuretic peptide, and brain natriuretic peptide (BNP) have been shown to have important roles in fluid volume homeostasis and blood pressure regulation. In addition, plasma NP levels are elevated in a number of cardiac pathologies and have been used as biochemical markers of left-ventricular dysfunction (LVD) in small- and large-scale clinical studies. In this review, the authors describe NP physiology and summarize the findings of selected studies that have examined the reliability and feasibility of NP measurement in LVD. In particular, BNP is proposed to be a biochemical marker that may provide a useful and inexpensive screening test of LVD. In addition, the authors discuss possible roles of the NPs in the etiology and progression of LVD. The findings of these studies suggest that the NPs may directly contribute to cardiac pathophysiology and LVD progression.
CT *Atrial Natriuretic Factor: BL, blood
*Atrial Natriuretic Factor: PH, physiology
Biological Markers: BL, blood
Blood Pressure: PH, physiology
Disease Progression
Feasibility Studies
Homeostasis: PH, physiology
Humans
Mass Screening: MT, methods
Metabolic Clearance Rate
*Natriuretic Peptide, Brain: BL, blood
*Natriuretic Peptide, Brain: PH, physiology
Reproducibility of Results
Sensitivity and Specificity
Severity of Illness Index
*Ventricular Dysfunction, Left: BL, blood
Ventricular Dysfunction, Left: CL, classification
Ventricular Dysfunction, Left: DI, diagnosis
*Ventricular Dysfunction, Left: ET, etiology
Ventricular Dysfunction, Left: PP, physiopathology
Water-Electrolyte Balance: PH, physiology
RN 114471-18-0 (Natriuretic Peptide, Brain); 85637-73-6 (Atrial Natriuretic Factor)
CN 0 (Biological Markers)

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AU Kim S D; Piano M R
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SO Biological research for nursing, (2000 Jul) Vol. 2, No. 1, pp. 15-29. Ref: 111
Journal code: 9815758. ISSN: 1099-8004.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
General Review; (REVIEW)
LA English
FS Priority Journals; Nursing Journals
EM 200103
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*Atrial Natriuretic Factor: PH, physiology
Biological Markers: BL, blood
Blood Pressure: PH, physiology
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Humans
Mass Screening: MT, methods
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*Natriuretic Peptide, Brain: BL, blood
*Natriuretic Peptide, Brain: PH, physiology
Reproducibility of Results
Sensitivity and Specificity
Severity of Illness Index
*Ventricular Dysfunction, Left: BL, blood
Ventricular Dysfunction, Left: CL, classification
Ventricular Dysfunction, Left: DI, diagnosis
*Ventricular Dysfunction, Left: ET, etiology
Ventricular Dysfunction, Left: PP, physiopathology
Water-Electrolyte Balance: PH, physiology
RN 114471-18-0 (Natriuretic Peptide, Brain); 85637-73-6 (Atrial Natriuretic Factor)
CN 0 (Biological Markers)

ANSWER 4 OF 16 CAPLUS COPYRIGHT 2007 ACS on STN
AN 2000:18986 CAPLUS
DN 132:161322
ED Entered STN: 10 Jan 2000
TI Natriuretic peptides and their therapeutic potential
AU Cho, Youngsoo; Somer, Bradley G.; Amatya, Arun
CS the Department of Medicine, Brown University School of Medicine, Providence, RI, USA
SO Heart Disease (1999), 1(5), 305-328
CODEN: HTDSFE; ISSN: 1521-737X
PB Lippincott Williams & Wilkins
DT Journal; General Review
LA English
CC 2-0 (Mammalian Hormones)
AB A review with 338 refs. Natriuretic peptides are a group of naturally occurring substances that act in the body to oppose the activity of the renin-angiotensin system. There are three major natriuretic peptides: atrial natriuretic peptide (ANP), which is synthesized in the atria; brain natriuretic peptide (BNP), which is synthesized in the ventricles; and C-type natriuretic peptide (CNP), which is synthesized in the brain. Both ANP and BNP are released in response to atrial and ventricular stretch, resp., and will cause vasorelaxation, inhibition of aldosterone secretion in the adrenal cortex, and inhibition of renin secretion in the kidney. Both ANP and BNP will cause natriuresis and a reduction in intravascular volume, effects amplified by antagonism of antidiuretic hormone (ADH). The physiol. effects of CNP are different from those of ANP and BNP. CNP has a hypotensive effect, but no significant diuretic or natriuretic actions. Three natriuretic peptide receptors (NPRs) have been described that have different binding capacities for ANP, BNP, and CNP. Removal of the natriuretic peptides from the circulation is affected mainly by binding to clearance receptors and enzymic degradation in the circulation. Increased blood levels of natriuretic peptides have been found in certain disease states, suggesting a role in the pathophysiol. of those diseases, including congestive heart failure (CHF), systemic hypertension, and acute myocardial infarction. The natriuretic peptides also serve as disease markers and indicators of prognosis in various cardiovascular conditions. The natriuretic peptides have been used in the treatment of disease, with the most experience with i.v. BNP in the treatment of CHF. Another pharmacol. approach being used is the inhibition of natriuretic peptide metabolism by neutral endopeptidase (NEP) inhibitor drugs. The NEP inhibitors are currently being investigated as treatments for CHF and systemic hypertension.
ST natriuretic peptide therapy review; atriopeptin therapy review; brain natriuretic peptide therapy review; C natriuretic peptide therapy review
IT 85637-73-6, Atrial natriuretic peptide 114471-18-0, Brain natriuretic peptide 127830-04-0, C-Type natriuretic peptide
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
(natriuretic peptides and therapeutic potential)
RE.CNT 338 THERE ARE 338 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Abassi, Z; J Pharmacol Exp Ther 1994, V268, P224 CAPLUS
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(9) Anderson, J; Clin Sci 1986, V70, P327 CAPLUS

ANSWER 4 OF 16 CAPLUS COPYRIGHT 2007 ACS on STN
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TI Natriuretic peptides and their therapeutic potential
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AB A review with 338 refs. Natriuretic peptides are a group of naturally occurring substances that act in the body to oppose the activity of the renin-angiotensin system. There are three major natriuretic peptides: atrial natriuretic peptide (ANP), which is synthesized in the atria; brain natriuretic peptide (BNP), which is synthesized in the ventricles; and C-type natriuretic peptide (CNP), which is synthesized in the brain. Both ANP and BNP are released in response to atrial and ventricular stretch, resp., and will cause vasorelaxation, inhibition of aldosterone secretion in the adrenal cortex, and inhibition of renin secretion in the kidney. Both ANP and BNP will cause natriuresis and a reduction in intravascular volume, effects amplified by antagonism of antidiuretic hormone (ADH). The physiol. effects of CNP are different from those of ANP and BNP. CNP has a hypotensive effect, but no significant diuretic or natriuretic actions. Three natriuretic peptide receptors (NPRs) have been described that have different binding capacities for ANP, BNP, and CNP. Removal of the natriuretic peptides from the circulation is affected mainly by binding to clearance receptors and enzymic degradation in the circulation. Increased blood levels of natriuretic peptides have been found in certain disease states, suggesting a role in the pathophysiol. of those diseases, including congestive heart failure (CHF), systemic hypertension, and acute myocardial infarction. The natriuretic peptides also serve as disease markers and indicators of prognosis in various cardiovascular conditions. The natriuretic peptides have been used in the treatment of disease, with the most experience with i.v. BNP in the treatment of CHF. Another pharmacol. approach being used is the inhibition of natriuretic peptide metabolism by neutral endopeptidase (NEP) inhibitor drugs. The NEP inhibitors are currently being investigated as treatments for CHF and systemic hypertension.
ST natriuretic peptide therapy review; atriopeptin therapy review; brain natriuretic peptide therapy review; C natriuretic peptide therapy review
IT 85637-73-6, Atrial natriuretic peptide 114471-18-0, Brain natriuretic peptide 127830-04-0, C-Type natriuretic peptide
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
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